

**DISCOUNT MEDICAL PROGRAM ORGANIZATION
(DMPO)
APPLICATION FOR REGISTRATION CHECKLIST**

Company name: _____

SECTION I – APPLICATION FEES

<u>Item #</u>		<u>Completion Check List</u>
1.	Insurer application fees paid	<input type="checkbox"/>
	(a) Check Included	<input type="checkbox"/>
	(b) Copy of invoice included (renewals only)	<input type="checkbox"/>
2.	Application for Registration (Official Form)	<input type="checkbox"/>
	(a) All blanks completed	<input type="checkbox"/>
	(b) If applicable, sealed by corporation	<input type="checkbox"/>
	(c) Signed by President or other authorized officer (Original signature)	<input type="checkbox"/>

**DISCOUNT MEDICAL PLAN ORGANIZATION
(DMPO)
APPLICATION FOR REGISTRATION CHECKLIST**

SECTION II – LEGAL

Company
Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Articles of Incorporation or other organizing documents and all amendments attached with an original certification by State of Domicile	<input type="checkbox"/>
2.	By-Laws, Constitution, or Rules and Regulations	<input type="checkbox"/>
	(a) Signed and dated by applicant's secretary	<input type="checkbox"/>
	(b) If applicable, sealed by company	<input type="checkbox"/>
3.	Governing Board..... Include a list of names, addresses, positions (or titles) and biographical information of each member of the Board of Directors, Board of Trustees, Executive Committee, or other governing board or committee and officer.....	<input type="checkbox"/> <input type="checkbox"/>
4.	Operations.....	<input type="checkbox"/>
	(a) Detail of facility locations and number of personnel at each	<input type="checkbox"/>
	(b) Statement identifying the types of medical services to be discounted in program.....	<input type="checkbox"/>

**DISCOUNT MEDICAL PROGRAM ORGANIZATION
(DMPO)
APPLICATION FOR REGISTRATION CHECKLIST**

Company name: _____

<u>Item #</u>		<u>Completion Checklist</u>
5.	Contractual	<input type="checkbox"/>
	(a) List of all program providers contracted in Indiana.....	<input type="checkbox"/>
	(b) Copy of any contract made between the applicant and any entity performing on the applicant's behalf for marketing, administration, etc. in the DMPO services offered.....	<input type="checkbox"/>
	(c) Copy of any contract between the applicant and any person listed in Section II – 3.....	<input type="checkbox"/>
6.	Legal Notice for Action.....	<input type="checkbox"/>
	Name and address of the applicant's agent for service of process	

SECTION III – FINANCIAL AND RELATED INFORMATION

1.	Marketing	<input type="checkbox"/>
	(a) Description of the marketing methods and distribution systems to be used.....	<input type="checkbox"/>
	(b) Statement verifying DMPO has reviewed and approved all marketing materials to be used by marketers.....	<input type="checkbox"/>
	(c) Statement verifying the applicant has required any marketers to sign written agreement before beginning activities.....	<input type="checkbox"/>
	(d) Toll-free number availability at least forty [40] hours/week.....	<input type="checkbox"/>
	(e) Copy of cancellation and refund policy rules including outline of complaint procedures available to providers and cardholders	<input type="checkbox"/>

**DISCOUNT MEDICAL PROGRAM ORGANIZATION
(DMPO)
APPLICATION FOR REGISTRATION CHECKLIST**

Company name: _____

<u>Item #</u>		<u>Completion Checklist</u>
2.	Financial Requirements.....	<input type="checkbox"/>
	(a) Surety Bond verification.....	<input type="checkbox"/>
	(b) Alternate cash/securities deposit in lieu of Surety Bond...	
	<input type="checkbox"/>	
	(c) Copy of latest Annual Financial Report.....	<input type="checkbox"/>

SECTION IV – FORMS

Verification that all marketing materials are being submitted to
the Department of Insurance for review, according to procedure
stated in the application instructions..... ☐